MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

| SERIAL NO. | FILING DATE | |
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| APPLICANT(S) | | |

CLAIMS

10/522878

| | | | | AFTER AFTER | | | DAIMS | | | | 12070 | | | |
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| | | <u>.</u> | | <u>.</u> | | _ | F | | | <u> </u> | | <u>.</u> | | _ |
| TOTAL DEP. | 4 | | 18 | | | | . | TOTAL | 199 | | 132 | | | |
| CLAIMS | X | | | | 1 | | | CLAIMS | | DEPART | ENT of COM | MERCE | | |
| PTO - 1360 | (REV. 11/04) | | | | | | | | | | lemark Office | | | |